


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/06/2013
NAME OF PROVIDER OR SUPPLIER CASHMERE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 817 PIONEER AVENUE CASHMERE, WA 98815		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Cashmere Convalescent Center on 9/05/13 and 9/06/13. A sample of 10 residents was selected from a census of 56. The sample included 10 current residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2840951 #2862954 #2867398</p> <p>The survey was conducted by:</p> <p> R.N.</p> <p>The survey team was from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 1, Unit D 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>Robert Anderson</i> 9/14/13</p> <p>Residential Care Services Date</p>	F 000			
F 157	483.10(b)(11) NOTIFY OF CHANGES	F 157			

Received
Yakima RC6
SEP 25 2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Robert Anderson *9-20-13*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157 SS=E	<p>Continued From page 1 (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to notify the resident and/or the resident's legal representative of a</p>	F 157	<p>PLAN OF CORRECTION FOR DEFICIENCIES CITED ON 9/6/2013</p> <p>F-157-NOTIFY OF CHANGES</p> <p>HOW THE NURSING HOME WILL CORRECT THE DEFICIENCY AS IT RELATES TO THE RESIDENT(S):</p> <p>Resident # 3 no longer resides at this Nursing home. Resident #9 and his family are aware of his current room-mate (resident #10) and have no concerns about him. Resident #7 does not currently have a room-mate and is aware of this.</p> <p>HOW THE NURSING HOME WILL ACT TO PROTECT OTHER RESIDENTS IN SIMILAR SITUATIONS:</p> <p>The nursing home will assure that all residents and/or family members/POA will be given verbal notification of the possible addition of a room-mate pending a new admission and document said</p>		

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F 157	<p>Continued From page 2</p> <p>change in roommate assignment as required by 42 CFR 483.10(b)(11)(ii)(A). Deficient practice was identified for 3 of 3 sampled cognitively impaired residents (#3, #7, & #9) who received new roommates. Failure to notify the appropriate entities disallowed them an opportunity to share input into the decision. Findings include:</p> <p>Resident #3: Review of the medical record revealed the resident had multiple diagnoses including [REDACTED] disorder, and a [REDACTED] that included physical and verbal abuse. A resident's family member was noted as his Power of Attorney (POA) for healthcare and financial matters.</p> <p>According to a 8/14/13 facility investigation, the resident's roommate (Resident #4) reported Resident #3 was singing in the night so Resident #4 became angry and pulled Resident #3 out of his bed onto the fall mat.</p> <p>Further review of Resident #3's medical record failed to identify any documentation noting the resident and/or his POA were notified of the planned addition of a roommate into his room.</p> <p>Resident #4's (the roommate) medical record identified he admitted to the facility on [REDACTED] 13.</p> <p>During an investigative telephone interview, Resident #3's POA stated she was not notified by the facility of their plan to add a roommate into Resident #3's room. She arrived to visit and the roommate was there.</p> <p>When interviewed on 9/05/13 at approximately 12:40 p.m. Administrative Staff Member A, a</p>	F 157	<p>notification in the resident progress notes.</p> <p>MEASURES THE NURSING HOME WILL TAKE OR SYSTEMS IT WILL ALTER TO ENSURE THAT THE PROBLEM DOES NOT RECUR:</p> <p>The nursing home will change the admission process to include written notification to all residents/families that there is a potential to be assigned to a semi-private room where they may or may not have a room-mate.</p> <p>HOW THE NURSING HOME PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED:</p> <p>The DNS or designee and SS Director will meet twice weekly to discuss potential admissions, possible room placement and need to notify residents/families of potential new room-mates.</p>		

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F 157	<p>Continued From page 3</p> <p>Licensed Nurse (LN) stated she had told (very cognitively impaired) Resident #3 he was getting a roommate the day before or the day of the roommate's arrival in accordance with her practice. She did not necessarily notify the family (or legal representative).</p> <p>Resident #9: According to the medical record, the resident had multiple diagnoses including [REDACTED] disturbances. The resident's family member/POA and contact number was identified.</p> <p>A medical record review failed to note any discussion with the resident or his POA of a facility plan to add a roommate into Resident #9's room.</p> <p>Observations on 9/05/13 at approximately 1:51 p.m. noted another male resident (a roommate, Resident #10) and items/possessions were present in the other section of Resident #9's room.</p> <p>Review of Resident #10's medical record noted he admitted to the facility on 8/01/13.</p> <p>On 9/05/13 at approximately 12:40 p.m. Administrative Staff Member A recalled she had not talked with Resident #9 (or his POA) prior to the arrival of his new roommate (Resident #10). Resident #9 was "easy going" and it had worked out.</p> <p>Resident #7: Review of the medical record revealed the resident had multiple diagnoses including [REDACTED]</p>	F 157	<p>DATES WHEN THE CORRECTIVE ACTION WILL BE COMPLETED: 9/19/2013</p> <p>TITLE OF PERSON(S) RESPONSIBLE TO ENSURE CORRECTION: DNS AND SS</p>		

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F 157	Continued From page 4 The resident's family member was identified. Further review of Resident #7's medical record did not identify any documentation noting the resident and/or his POA were notified of the planned addition of a roommate into her room. On 9/05/13 at approximately 12:40 p.m. Administrative Staff Member A recalled she had talked with Resident #7 prior to the arrival of her new roommate (Resident #8) but she had not contacted the family member. It did not work out and the roommate had to be moved. Review of Resident #8's medical record revealed she admitted to the facility on 7/10/13. Failure to notify and involve the family members and/or legal representative of the cognitively impaired residents (as well as other residents) did not allow them an opportunity to have input on vital considerations that could impact the well-being of their residents.	F 157			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced	F 314	F-314 TREATMENT/SERVICES TO PREVENT/HEAL PRESSURE ULCERS HOW THE NURSING HOME WILL CORRECT THE DEFICIENCY AS IT RELATES TO THE RESIDENT: A hydrocolloid dressing was placed to the pressure ulcer located on right hip of resident #3 on 9/3/13 per the September MAR and again by Staff Member B on 9/6/13. The pressure ulcer assessment of his right hip was completed on 9/9/13 when the dressing was changed again and did show improvement with decreased size and new epithelial tissue in wound base and no change to the treatment regime. Resident #3 discharged from the nursing home on 9/10/13.		

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F 314	<p>Continued From page 5</p> <p>by:</p> <p>Based on observation, record review, and interview, the facility failed to complete timely assessments and treatments for 1 of 2 sampled residents (#3) with pressure sores. Failure to ensure the resident's plan of care was implemented placed the resident at risk for compromised healing and/or complications. Findings include:</p> <p>Resident #3: Review of the medical record revealed the resident had multiple diagnoses including [REDACTED]. The resident's plan of care noted he was experiencing a performance deficit in his activities of daily living. At times he was able to reposition himself in bed but might need assistance to come to a sitting position. The resident was also frequently incontinent of bowel and bladder and wore [REDACTED]. Resident #3 was also identified as at moderate risk for pressure sore development.</p> <p>According to a 8/06/13 skin assessment, the resident had a scratch and on [REDACTED] (on the side) and a h [REDACTED] was placed for protection and to enhance healing.</p> <p>Review of an 8/13/13 facility investigative document revealed the old scratch area on the [REDACTED] had progressed to a Stage II (a partial thickness loss of skin layers that presented as an abrasion, blister or shallow crater). It was noted the resident was incontinent and preferred to lay on his [REDACTED] side while in bed. The area had opened over the bony prominence. The follow-up plan included weekly pressure ulcer assessments.</p>	F 314	<p>HOW THE NURSING HOME WILL ACT TO PROTECT RESIDENTS IN SIMILAR SITUATIONS:</p> <p>Staff Member B was counseled regarding the need to follow MD orders or to seek new orders if indicated because of improving or worsening condition of skin. She was further counseled to be aware of which residents have pressure ulcers on her unit and to check for pressure ulcer assessments due and make sure they are completed in a timely manner. Review done with all NAC staff members on the need to inform nurse if dressings are not in place per the resident's Kardex and/or to report to nurse any redness on pressure areas or skin breakdown observed during care per our Routine Resident Care Protocol. See attached.</p> <p>MEASURES THE NURSING HOME WILL TAKE OR SYSTEMS IT WILL ALTER TO ENSURE THAT THE PROBLEM DOES NOT RECUR:</p>		

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F 314	<p>Continued From page 6</p> <p>The August 2013 treatment administration record (TAR) identified the area was 1.9 centimeters by 1.9 centimeters (approximately 3/4 inch by 3/4 inch). An 8/15/13 order on the TAR noted the area was to be cleansed with normal saline and a hydrocolloid dressing was to be placed and changed every three days and as needed if soiled or loose.</p> <p>Review of nursing documentation failed to identify a weekly skin assessment on 8/20/13. Dressing changes were documented as ordered on the August 2013 TAR.</p> <p>Two weeks after the development of the [REDACTED] pressure sore, the 8/27/13 assessment noted the [REDACTED] pressure sore was the same size as it had been at the time of discovery. No assessment was found the next week, on 9/03/13 or on 9/04/13 per the September 2013 TAR or nursing entries. The September 2013 TAR did not document that a hydrocolloid dressing had been placed.</p> <p>When searching for the weekly skin assessments on 9/06/13, Staff Member C, a Licensed Nurse, stated the skin assessments were to be completed weekly for the resident's pressure ulcer and she was only able to locate assessments for 8/13/13 and 8/27/13. She was unable to locate the other two weekly assessments.</p> <p>Observation on 9/06/13 at approximately 1:05 p.m. revealed Resident #3 did not have the ordered protective dressing in place. Staff Member B, a Licensed Nurse, measured the right hip area and noted it was now one centimeter by</p>	F 314	<p>The nursing home will initiate weekly pressure ulcer rounds to be carried out by the DNS and Resident Care Directors (or designee) for each unit. During rounds wounds will be assessed with the primary nurse, care plans will be updated as needed and a review of the completed pressure ulcer assessment for accuracy and timeliness will be done.</p> <p>HOW THE NURSING HOME PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED:</p> <p>DNS and Resident Care Directors (or designee) for each unit will meet twice weekly (Wednesday and Friday) to discuss any current pressure ulcers, efficacy of current treatments and status of weekly assessments. Follow-up with licensed nurses for any missing documentation will be completed after this meeting.</p>		

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F 314	Continued From page 7 one centimeter. The area on the [REDACTED] was scabbed over and had pink skin surrounding the area. Despite the current the treatment order, Staff Member B stated the area had improved so she planned to leave the area open to air rather than applying the dressing. Staff Member B further stated she was did not know how long the dressing had been off and no one had said anything about it.	F 314	DATES WHEN THE CORRECTIVE ACTION WILL BE COMPLETED: 9/27/13 TITLE OF PERSON(S) RESPONSIBLE TO ENSURE THE CORRECTION: DNS and Resident Care Directors		